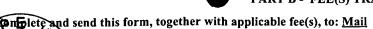
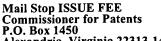
## PART B - FEE(S) TRANSMITTAL







Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indications.

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07/12/2005

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(Depositor's name (Signature

| 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 09/960 391      | 09/24/2001  | Hiroko Suzuki        | DAIN:493A           | 7852             |

TITLE OF INVENTION: LOW REFLECTIVE ANTISTATIC HARDCOAT FILM

| APPLN, TYPE   | SMALL ENTITY  | ISSUE F  | EE   | PUBLICATION FEE   | TOTAL FEE(S) DUE   | DATE DUE  |  |  |  |
|---|---|--|--|---|--|---|--|--|--|
| nonprovisional  |   |  |  | \$300   | \$1700   | 10/12/2005  |  |  |  |
|   |   |  | ЛТ   | CLASS-SUBCLASS  | 1  |   |  |  |  |
| EXAMINER  |   | ART UNIT   |  |   |  |   |  |  |  |
| JACKSON, MONIQUE R 1773   |   |  | i<br>  | 428-208000  |  |   |  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form                                |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is  3  |   |  |   |  |  |  |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |   |  | 2 registere<br>listed, no  | ed patent attorneys or agents. If a name will be printed.               | no name is 3   | · · · · · · · · · · · · · · · · · · ·                     |  |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |   |  |  |   |  |   |  |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |   |  |  |   |  |   |  |  |  |
| (A) NAME OF ASSIGN  | EE  | (E   | B) RESIDENC  | CE: (CITY and STATE OR COU  | JNTRY)   |   |  |  |  |
|   | RINTING CO., LT   | D. '   | TOKYO,   | JAPAN   |  |   |  |  |  |
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| a. Applicant claims S   | (from status indicated above MALL ENTITY status. See  | 37 CFR 1.27.   |  | cant is no longer claiming SMAI   |  |   |  |  |  |
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| Authorized Signature  | JUNVAX  | 1  |  | Date Octo   | ber 12, 2005   |   |  |  |  |
| Typed or printed name _   | Jacob A. Dought   | y  |  | Registration  | No. 46,671   |   |  |  |  |

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